



**Lake County Mental Health
and
AOD Services**

6302 13th Avenue - PO Box 1024
Lucerne, CA 95458-1024

Mental Health Services Act
Annual Update to
3-Year Program & Expenditure Plan
Fiscal Year 2012/13

30-Day Comment Period

May 23 – June 22, 2012

Public Hearing

June 28, 2012

ACKNOWLEDGEMENTS

Lake County Mental Health Department wishes to thank the many participating stakeholders who gave their time and energy to this process.

In addition, the Department wishes to recognize the contributions of the members of the Mental Health Services Act (MHSA) Committee and representatives of partner agencies, community based organizations, and stakeholders that helped guide the development of the planning process and the creation of this update.

**Prepared by the Lake County Mental Health
MHSA Committee**

Members:

Kristy Kelly, MFT, Mental Health Director
Linda Morris, MFT, Deputy Director, Clinical Services
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Contributors:

Circle of Native Minds Tribal Elders
Bridge Peers
Latinos United Lake County
Redwood Children's Services/Harbor on Main
Konocti Senior Support/Sr. Peer Counseling/Friendly Visitor Program
Hilltop Recovery Services
First 5 Lake County/Mother-Wise
St. Helena Clearlake Medical Clinic
Lake County Office of Education/Safe Schools/Respect for All
Lake County Probation
Lake County Mental Health and AOD Services Staff Members

COUNTY CERTIFICATION

Exhibit A

County: Lake

County Mental Health Director	Project Lead
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft FY 2012/13 annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate.

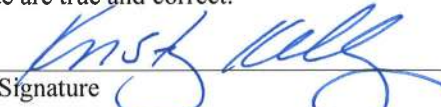
A.B. 100 (Committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, A.B. 100 deleted the requirement that the three year plan and updates be approved by the Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2012/13 annual update/update are true and correct.

Kristy Kelly
Mental Health Director/Designee (PRINT)


Signature

County: Lake

Date: June 29, 2012

Introduction:

In April of 2011 the California Legislature, at the urging of Governor Brown, passed Assembly Bill 100 (AB100). This "urgency" bill was intended to address the serious budget shortfall facing the State with respect to community mental health services. The passage of AB100 led to the one-time reallocation of \$862,000,000 of Mental Health Services Act (MHSA) funding. These funds were accessed from the Mental Health Services fund to address the need to support not only MHSA programs, but also Medi-Cal managed care, EPSDT (early and periodic screening, diagnosis and treatment), and school based services (AB3632). The passage of AB100 also resulted in the following changes to the MHSA and how funding is distributed:

1. Funding distribution will be a continuous monthly appropriation.
2. MHSA plans will be approved at the local level.
3. Guidance and approval will no longer be provided by the Dept of Mental Health (DMH) or the Mental Health Services Oversight and Accountability Commission (MHSOAC).
4. Statute and regulations will guide local policy and procedure.
5. Plans and financial reports will be submitted to the MHOAC for evaluation purposes.

In response to these changes in the State procedures and requirements, Lake County has prepared in the following way:

1. With the traditional "planning estimates" or "component allocations" no longer issued by DMH, the annual allocation will be estimated at the local level for planning purposes and tracked to allow for adjustments throughout the fiscal year.
2. Stakeholders, the Lake County Mental Health Board (MHB), and the Lake County Board of Supervisors (BOS) will play a role in the approval process. All plans will be posted for the required 30-day comment period. A public hearing will be held by the MHB after the close of the 30-day comment period for annual updates and new 3-year integrated plans. Plan updates have no public hearing requirement.
3. The local community program planning (CPP) process will guide the development of plan updates (changes within a fiscal year), annual updates (plans associated with each successive fiscal year) and new 3-Year integrated plans (required in 2012) as required by statute and associated regulations.
4. The CPP process, component plan development, related programming, associated expenditures, and fiscal/administrative requirements will be determined as guided by statute and regulations at the local level. These determinations will be vetted by stakeholders, the MHB, and the BOS beginning in fiscal year 2012/2013.
5. Plan updates, annual updates, and new 3-year integrated plans will be submitted to the MHSOAC upon local approval. Annual MHSA revenue and expenditure reports will be submitted to the MHSOAC for evaluation purposes.

Due to these changes at the State level and increased responsibility being placed at the local level, Lake County stakeholders have agreed that this annual update would represent an interim step toward the development of the 3-year integrated plan in 2012 as required by MHSA statute. As a result, the 2012-2013 annual update will maintain currently approved 2011-2012 programming for

2012-2013 as the Department will begin planning with stakeholders in July 2012 for a new 3-year integrated plan. Also the 2012-2013 annual update will maintain approximately the same funding levels for programming in 2012-2013 as 2011-2012. Adjustments will be made solely in response to the estimated change in overall funding level and planned roll-out of approved programming yet to be implemented.

Community Program Planning and Stakeholder Process

The Community Program Planning process in Lake County is an ongoing process of key informant contact, monthly departmental MHSA meetings, monthly meetings with consumers, and planning meetings that include county-wide stakeholders. The information gathered through this process is considered and incorporated in the resulting Annual Update for fiscal year 2012-2013. Community stakeholder meetings were held quarterly in fiscal year 2011-2012 on the following dates:

July 22, 2011
 October 21, 2011
 February 3, 2012
 April 20, 2012

Stakeholder Participation -

Stakeholder Group	Number of Participants
1st Five/Mother-Wise	7
California Tribal TANF	2
Circle of Native Minds	10
Circle of Native Minds Wellness Center	2
Health Leadership Network	1
Hilltop Recovery Center	3
Konocti Senior Support	6
Lake County Mental Health	28
Lake County Office of Education	3
Lake County Tribal Health	4
Lakeside Health Center	1
Mental Health Board	10
Middletown Methodist Church	1
Peer Rights Advocate	1
Probation	2
Public	2
Redwood Children's Services	4
Redwood Children's Services/The Harbor	6
Redwood Coast Regional Center	1
St. Helena Hospital Clearlake	1
Sunrise Special Services	1
The Bridge/Consumers	16
Vet Connect	2
Total	122

Local Review Process -

The 2012-2013 annual update is to be posted for 30 days to the County website, copies are distributed to all active stakeholders via e-mail, and hard copies are made available at Department clinics, the peer support center, and the tribal wellness center or by mail upon request. Prior to the

30-day posting period, the annual update is presented to the Mental Health Board (MHB) at their monthly meeting for input and support. At the end of the 30-day posting period the MHB holds a public hearing to address substantive comments or input. The comments and input are then documented in the Annual Update with corresponding responses or actions. The Annual Update is then approved by a designee of the Lake County Board of Supervisors. A copy of the Annual Update is then forwarded to the Mental Health Services Oversight and Accountability Commission for informational and evaluation purposes.

Comment Period and Substantive Feedback -

The plan update was made available for public comment for 30 days prior to the Mental Health Board meeting and public hearing. Posting dates were May 23 - June 22, 2012. The public hearing was held on June 28, 2012. No substantive feedback was received.

MHSA Programming in Lake County

Community Services and Supports

The Community Services and Supports (CSS) component of the Mental Health Services Act (MHSA) is composed of three programs in Lake County: Full Service Partnership, General System Development, and Community Outreach and Engagement.

Full Service Partnership -

Consumers of all ages (children 0-15, transition age youth 16-25, adults 26-59, and older adults 60+) who meet eligibility requirements are provided “whatever it takes” in a Full Service Partnership (FSP). A full array of recovery-oriented mental healthcare, including psychiatric services, is provided to consumers enrolled in an FSP. In addition, services and supports may include, but are not limited to, funding for housing, food, clothing, primary healthcare, transportation, education, and vocational opportunities.

General System Development -

General System Development (GSD) is intended to provide a seamless array of programming with the intent of transforming community mental health services. GSD provides funding for Crisis Access Continuum, Forensic Mental Health Partnership, Housing Access, Older Adult Access, Integrated Physical and Mental Health, Peer Support, and Parent Partner programs.

The Crisis Access Continuum provides increased access and an introduction to mental health recovery concepts at the earliest opportunity for consumers experiencing challenges by providing a local crisis hotline, a warm line, outreach and engagement services for consumers who have recently been hospitalized or released from a crisis evaluation, and respite in a supported transitional housing setting. Intended outcomes include a reduction in hospitalization and suicide rates, and increased linkage to needed services and supports.

The Forensic Mental Health Partnership provides support for consumers who encounter legal problems or are incarcerated in jail or juvenile hall due to mental illness. Consumers experiencing these difficulties are assisted in addressing their mental health needs, navigating the legal process, transition planning, and are provided support in the community after release from incarceration through service coordination, clinical services, and the Full Service Partnership program when indicated. Intended outcomes are a reduction of days spent incarcerated due to a mental illness and an increase in independence and quality of life in the community.

Housing Access provides resources and linkage to MHSA-subsidized housing for FSP consumers, one-time funding for those consumers at risk of losing their housing or needing assistance getting established in housing, and transitional housing for homeless consumers.

Older Adult Access provides outreach and engagement services, linkage to resources, mental health interventions, and FSP programming to seniors who may be experiencing mental health

challenges. Also funded is the senior peer counseling program that provides peer-aged volunteer support to older adults who may be isolating or experiencing mild mental health concerns.

Integrated Physical and Mental Health is addressed by the medical and service coordination staff in the department. This critical component to comprehensive services and supports is identified as an obstacle to wellness for consumers experiencing mental health difficulties. Working with consumers and linking them to primary care physicians continues to be an expanding element in the recovery planning process.

Peer Support is provided to both the TAY and Adult consumer population in Lake County. The TAY and Adult Wellness Centers provide a gathering point for consumers in Lake County. These programs provide access to services (including non-mental health related services), peer support, socialization, and companionship to these two age groups. The concepts of wellness, recovery, and resiliency are imbedded in the programming in both locations.

Parent Partner support is provided to families involved with community mental health. A Parent Partner with "lived experience" as a family member is able to assist families with navigating the system, service coordination, group support, and, as an FSP team member, assist the family through the FSP process.

Community Outreach and Engagement -

CSS provides funding for two Outreach programs in the County that specifically target the Tribal and Latino communities. Also identified as unserved or underserved in Lake County are the homeless population, and the TAY and Older Adult age groups, as well as the unique cultural groups who are military veterans or who identify as LGBTQ.

Prevention and Early Intervention:

Early Intervention Services -

Lake County Mental Health provides the equivalent of one full-time mental health specialist to provide direct early intervention services and supports to those consumers and families who experience the first onset of a serious emotional disturbance or serious mental illness.

Wellness and Recovery Centers -

The establishment of the Circle of Native Minds Center in Lakeport and the proposed Latino and Family Wellness Centers in the southern and eastern parts of the county respectively, will serve niche populations, promote cultural competency through program design, and allow access to resources and service delivery in a setting closer to home for consumers of all ages and their families.

Older Adult Outreach and Prevention -

The Friendly Visitor Program provides companionship to the vulnerable population of homebound older adults. The volunteers offer individualized companionship, support, and friendship on a regular basis to seniors who have limited access to outside activities. Reassuring phone calls and access to the MHSA-funded Senior Peer Counseling Program are also benefits of the program.

Postpartum Depression Screening and Support -

Mother-Wise provides volunteers, in their role as Saathi, who offer mothers the companionship of a listening ear and a helping hand. They offer real support and solutions to mothers at a time when they need it the most through home visitation. Mother-Wise services are available for all pregnant women or new moms with babies under twelve months, regardless of income.

TAY Peer Support -

This project funds the hiring of one paid half-time outreach coordinator position at the MHSA-funded TAY Drop-In Center and is intended to reduce disparities in access to mental health services to this identified priority population (TAY). The establishment of this position provides project coordination, peer-training for like-aged volunteers at the center, and expands the existing programming to include outreach and prevention activities for the TAY population.

Community Screening and Treatment -

This project is intended to be implemented by one or more community-based organizations with the capacity to provide screening and early intervention treatment to consumers not being served in the Lake County community mental health setting. The use of an accepted practice screening tool (Trauma History Screening, Adverse Childhood Experiences, etc.) will be encouraged. This project is expected to include identified underserved populations in the county, targeting the Latino, Tribal, and homeless communities, who have traditionally been reluctant to engage in County-provided mental health services. The contracted organization(s) will be expected to reach out to the targeted priority populations and address the key community needs identified for this project.

Prevention Mini-Grants -

Community-based providers and organized consumer and family groups are afforded and empowered with the opportunity to design prevention programming and submit a funding request to Lake County Mental Health for consideration. This mini-grant program issues funding ranging in amount from \$500 to \$1,500 for projects as diverse as Challenge Day, Divorced Parent Class, Senior Bereavement Groups & Education, Sheriff's Activity League Program, Pomo Ceremony for Forgiveness, and Peace Camp.

Capital Facilities and Technological Needs

Lake County Mental Health's tentative plan was to purchase an office building for the County's mental health offices and/or the consumer drop-in center in Clearlake with the Capital Facilities

funds. The approved plan is to use Capital Facilities Funding to renovate the South Shore Clinic in Clearlake and make improvements to the Bridge Peer Support Center, also in Clearlake.

With the current fiscal environment at the state and local levels, Lake County Mental Health is creatively finding ways to promote collaborative, consumer and family member driven, and culturally competent solutions to providing a more integrated experience in promoting the concepts of wellness, recovery, and resiliency. These projects will be enhanced by the forthcoming Innovation Plan that will involve a diverse, multicultural group of stakeholder to guide the process and enhance access to those community members seeking services in a warm, welcoming and engaging manner.

The Lake County Electronic Health Record project addresses the technological needs for providing secure, reliable, real-time access to client health record information where and when it is needed to support care. It includes the following components: implementation of Anasazi software, conversion to Microsoft SQL Server, conversion of paper charts, purchase of additional hardware, and ongoing service/maintenance costs.

Workforce Education & Training

Lake County Mental Health has an approved plan to provide funding for workforce staffing support, training and staff development, mental health career pathways strategies, and financial incentives programs to address shortages in the public mental health workforce.

Workforce Staffing Support -

The MHSA Coordinator will support implementation of the Workforce Education and Training Plan and ensure that the six fundamental elements of MHSA (community collaboration, consumer and family driven, recovery/resiliency, strength-based services, integrated services, and cultural competency) are embedded within all training events. In addition, funding for a full time equivalent position will be allocated to coordinate the actions described in the WET Plan.

Training and Staff Development -

A Training Committee will be formed in Lake County that will ensure structure and consistency of all trainings. The Committee will be composed of individuals from existing county staff, community-based organizations, and consumers/family members who will make recommendations on training opportunities that address the ongoing needs of our clients and staff, provide outcome measures and ensure fiscal viability. All trainings will be instilled with the concepts of cultural competency/diversity, wellness, recovery and resiliency. All trainings will incorporate outcome measures to ensure effectiveness and fiscal efficacy. Trainings will be offered to staff, contracted providers, and consumers and family members, as appropriate.

Career Pathways Program -

A Recovery Education Center will be established to coordinate efforts and assess additional needs over time. An entry-level employment program will be created to foster work experience that is tied to job training and support within identified employment settings. Career pathway opportunities will be identified in concert with the WET Regional Partnership. Speaker opportunities will be created for individuals with lived experience (consumers and their families) in local educational programs. Comprehensive benefits planning to consumers considering employment and stipends for participation of consumers and family members in training and events will be provided.

Financial Incentives Program -

In an effort to begin to address the workforce shortages and diversity needs of the Lake County Community Mental Health System, as well as increase consumer and family member participation in the workplace, Lake County Mental Health will offer financial incentives to those individuals interested in pursuing education and making a commitment to provide mental health services within Lake County. By providing financial incentives for individuals who come from diverse educational, cultural (including bilingual) and lived experience, Lake County Mental Health anticipates that it will be able to recruit and retain a more diverse mental health workforce that will more appropriately serve the needs of the County.

Innovation

Lake County Mental Health has an approved plan to assemble a diverse group of community member stakeholders representing the various cultural populations of Lake County and provide education and training in order to create a well-informed peer committee that will assist in steering the development of a more welcoming, engaging, and culturally relevant experience for those seeking services.

The committee will receive intensive training, including but not limited to, team building, the recovery model, peer support, cultural competence, public speaking, continuous quality improvement, outcomes assessment, and community capacity building. The group will be tasked with assessing the current status of the consumer experience, including facility design, reception, and intake and referral processes at the mental health clinics and making recommendations about how the quality of the experience and intended outcomes can be improved. The committee will also inform the process of addressing how the community-based clinics and wellness centers can be networked to better support and learn from each other.

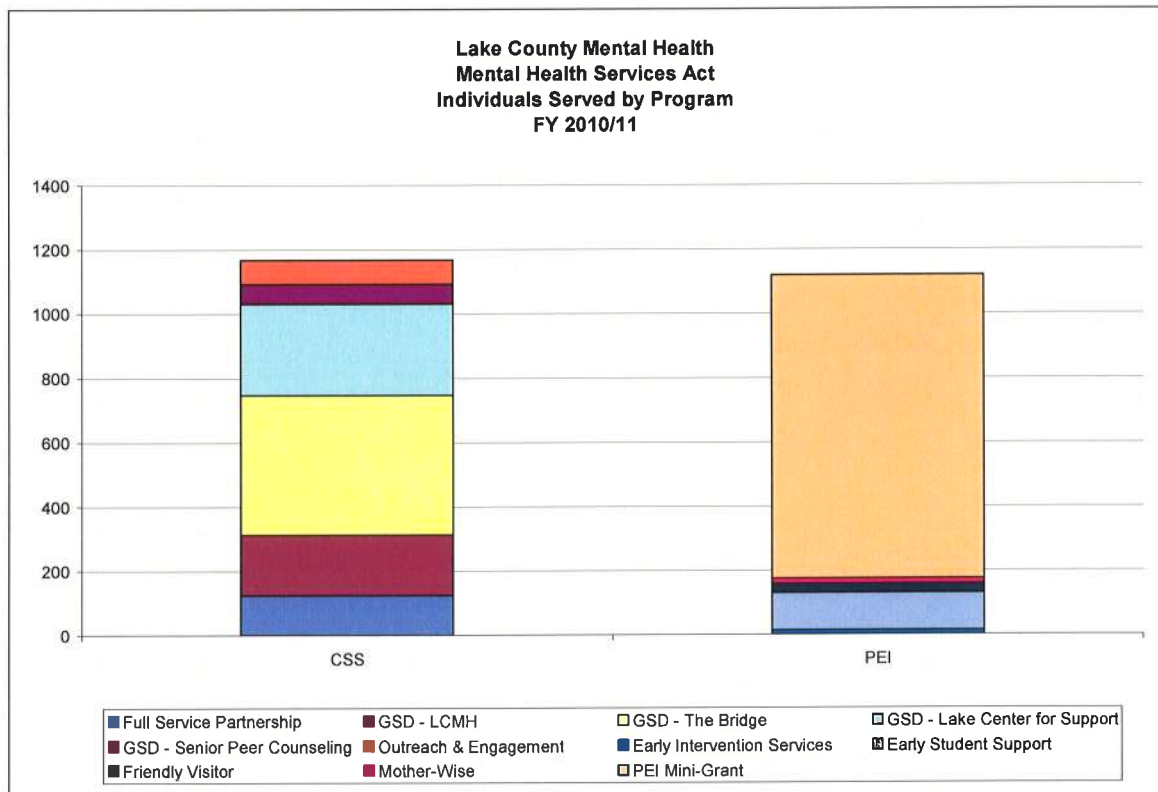
This approach is intended to problem solve, from a peer perspective, the challenges of geography, transportation, communication, resource availability, and community outreach and education. The goal will be to create a "no wrong door" approach throughout a networked system of clinics and wellness centers where an individual or family from any background would be able to access needed services in a warm, welcoming, and engaging manner. This project will be consumer and caregiver driven, wellness and recovery oriented, culturally relevant, and conducive to a reduction in stigma and discrimination and to a more integrated experience.

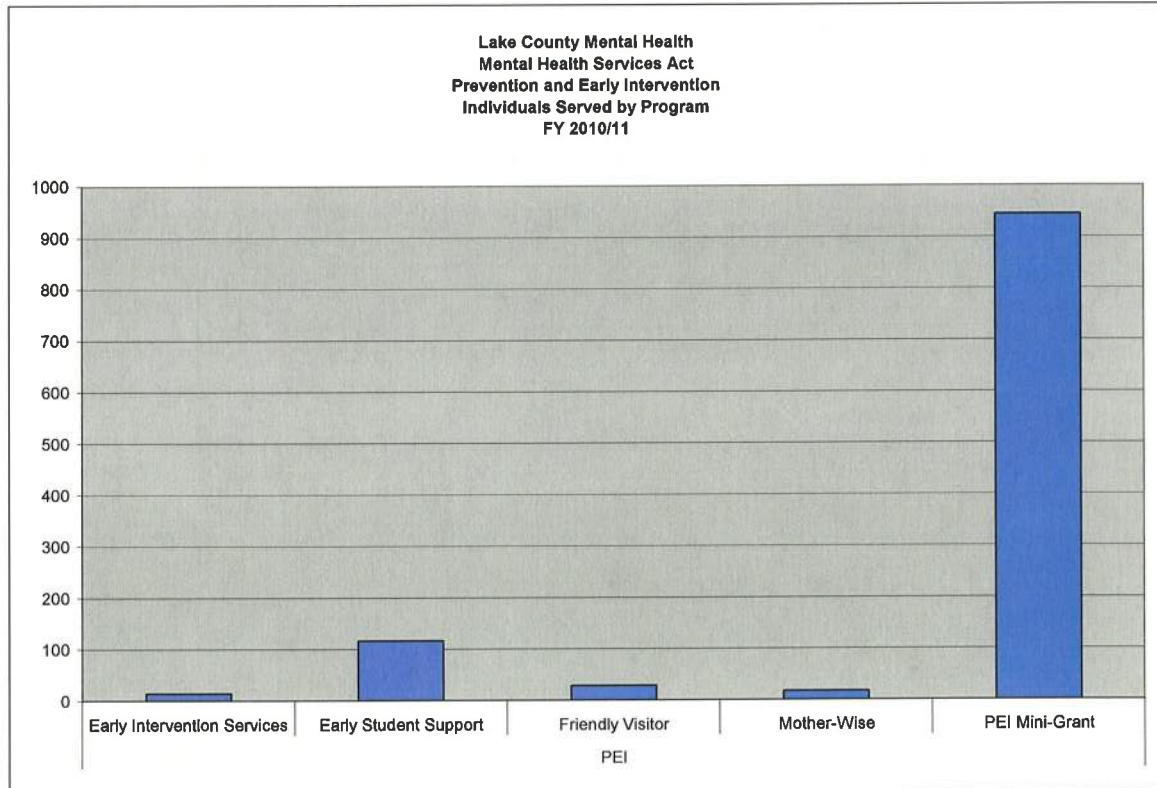
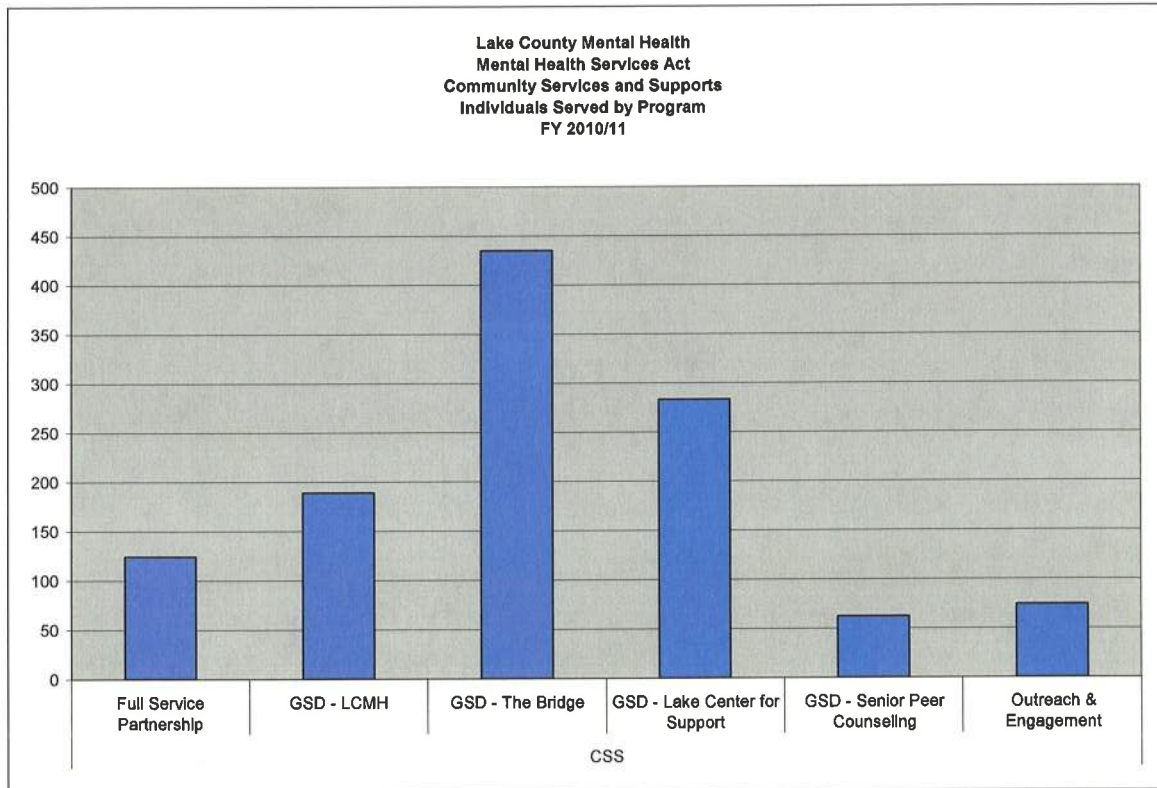
Program Data and Evaluation Efforts

The following exhibits represent the first steps in data collection and evaluation efforts at the local level. Since 2006, data has been submitted to DMH related to the number of contacts made, number served, demographics and individual outcomes with limited access to develop local outcomes reports. In fiscal year 2010-2011, the Department implemented a process to collect and aggregate data related to MHSA programming and are now able to produce these first, high level representations of the impact of the MHSA in Lake County. There is expectation that this capacity will grow to be able to show community, system, and individual outcomes in order to better inform decisions made in the Community Program Planning process.

1. Individuals Served by Program

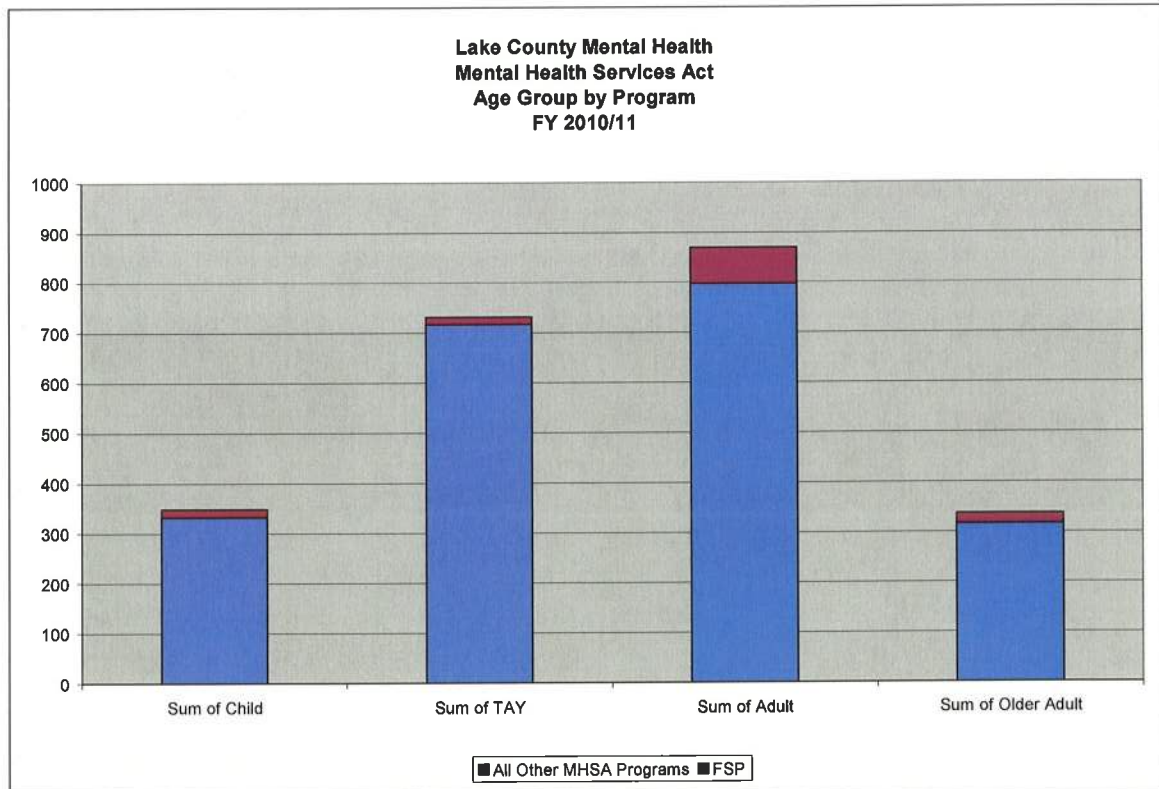
Lake County Mental Health and its contractors served nearly 2300 individuals in FY 2010/11. The charts below reflect the number of individuals served by program for the Community Services and Supports and Prevention and Early Intervention components.





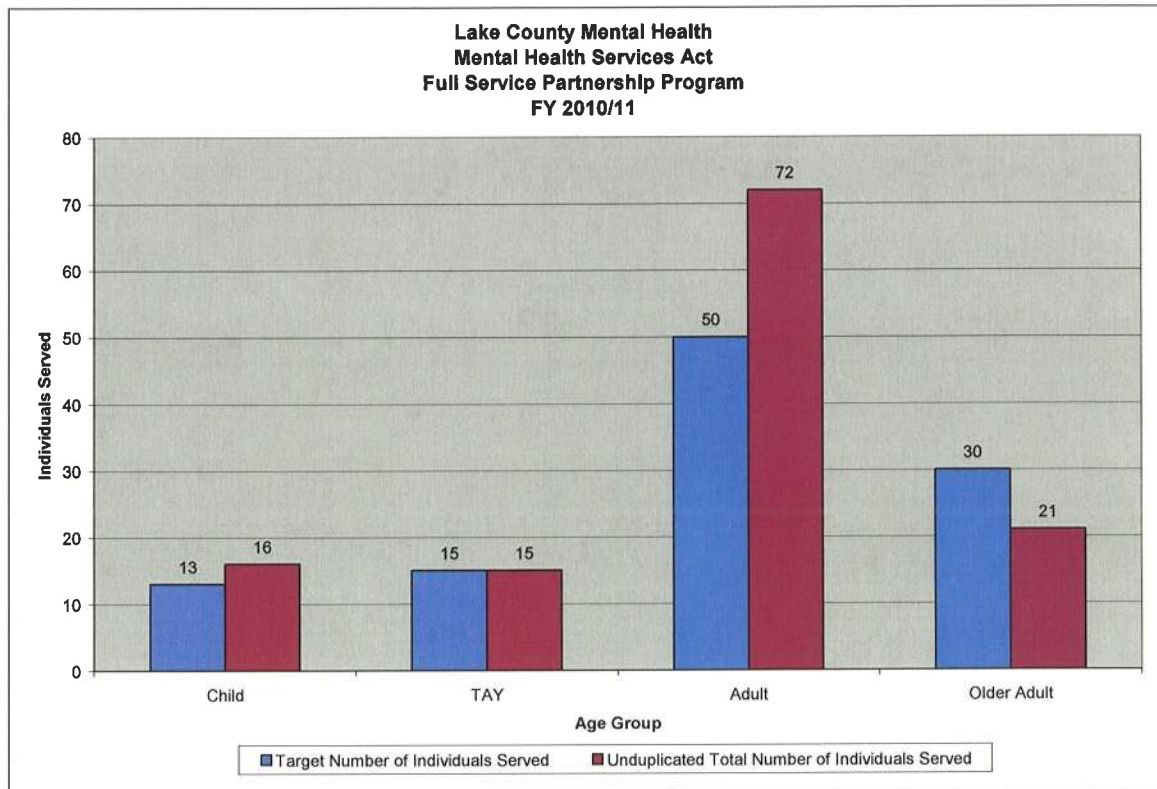
2. Age Group by Program

Lake County Mental Health's MHSA programs served individuals of all age groups in FY 2010/11. The following chart shows the breakdown by age group of the number of individuals served by the FSP program and all of the other MHSA programs combined.

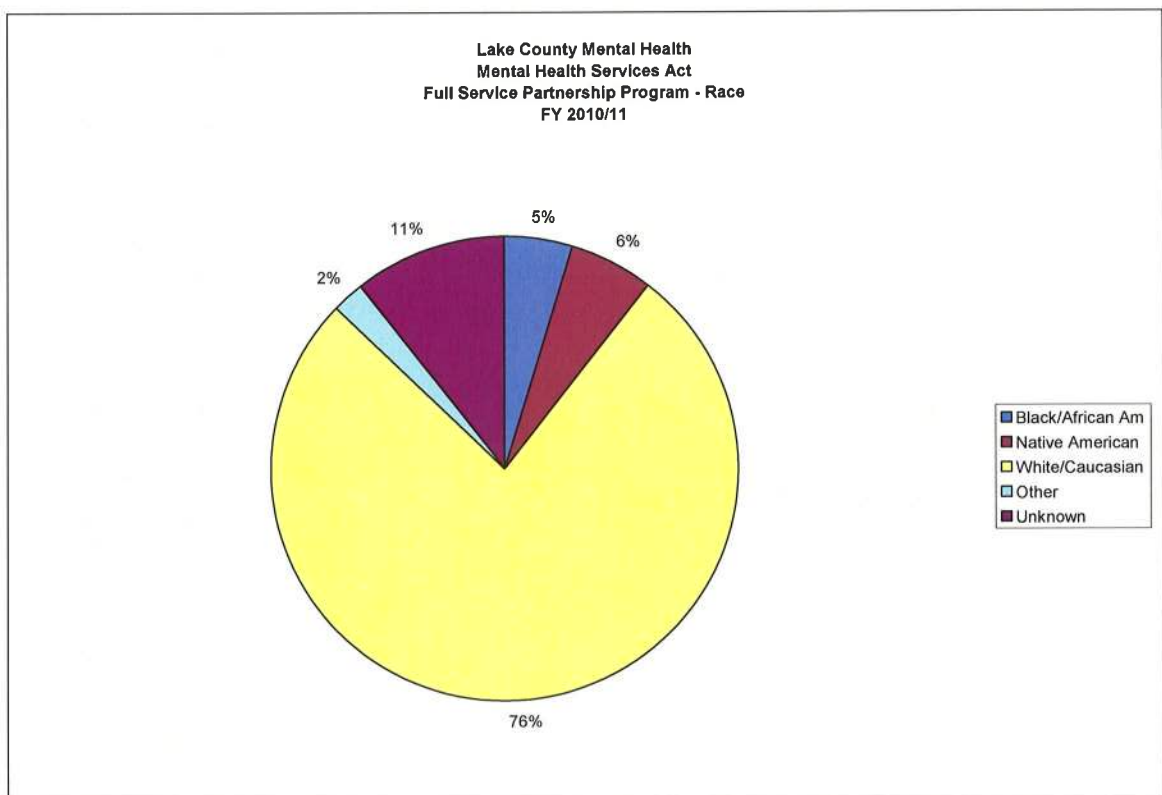
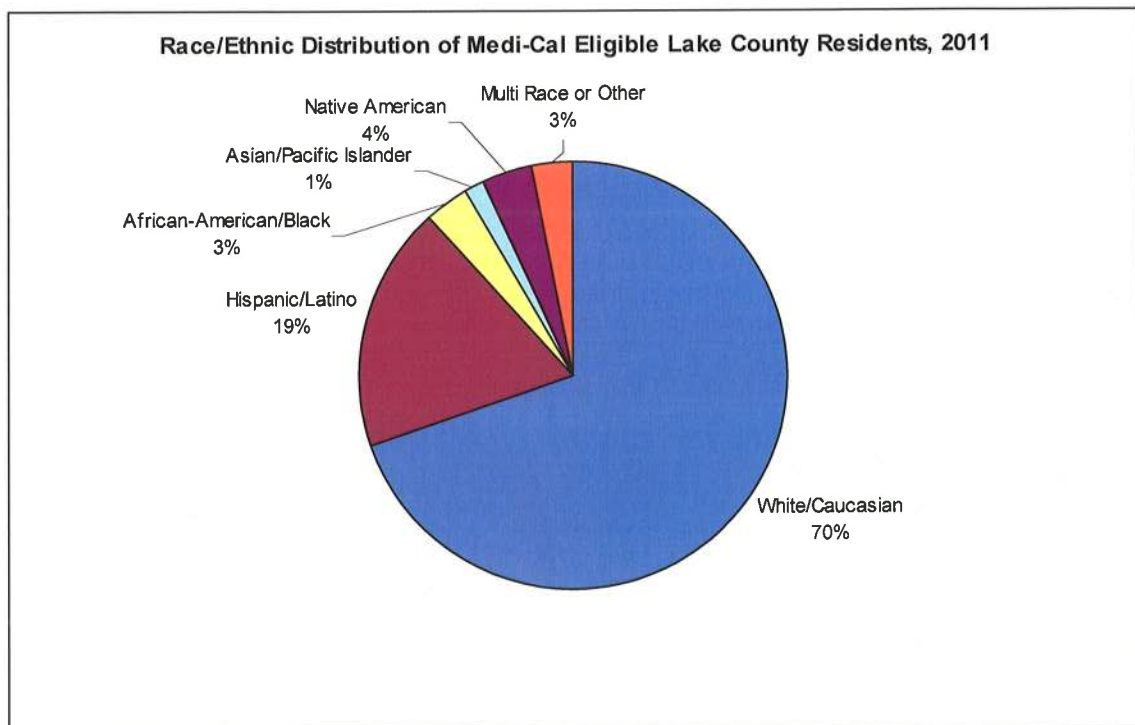


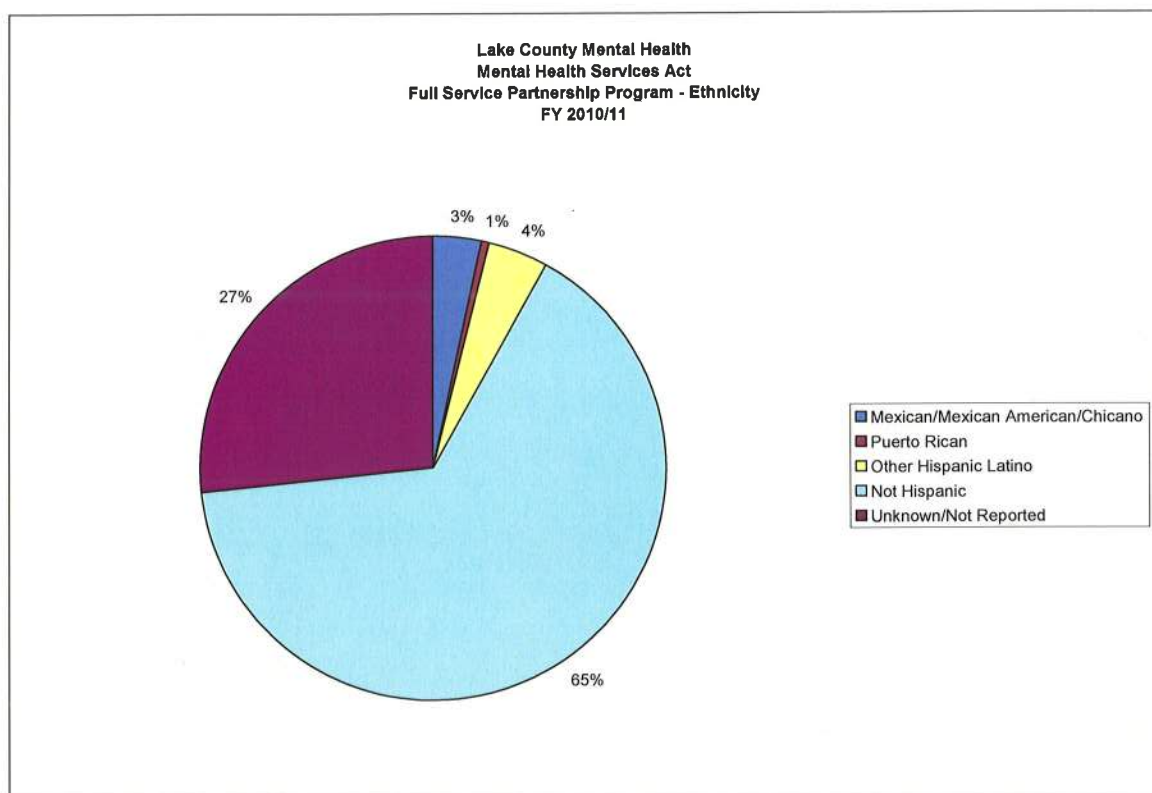
3. Full Service Partnership Program

Lake County Mental Health generally met or exceeded the target number of individuals served in each age group by the Full Service Partnership program. The chart below shows the target to actual number of Full Service Partners served by age group.



The following pie charts show the racial and ethnic distribution of Medi-Cal Eligible Lake County Residents for 2011 and that of the Full Service Partners served.





While the FSP population generally reflects the race/ethnic demographics of Lake County, the rate for the Latino population remains low. Lake County Mental Health is increasing its efforts to outreach to that population with the planned Latino Wellness Center.

**FY 2012/13
MHSA FUNDING SUMMARY**

County: _____ Lake _____

Date: _____ 6/29/2012

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. Estimated FY 2012/13 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	TBD	TBD	TBD	TBD	TBD	
2. Estimated New FY 2012/13 Funding	\$1,763,732			\$440,933	\$116,035	
3. Transfer in FY 2012/13 ^{a/}	\$0	\$0	\$0			
4. Access Local Prudent Reserve in FY 2012/13	\$0			\$0		\$0
5. Estimated Available Funding for FY 2012/13	\$1,763,732	\$0	\$0	\$440,933	\$116,035	
B. Estimated FY 2012/13 Expenditures						
C. Estimated FY 2012/13 Contingency Funding	\$1,763,732	\$0	\$0	\$440,933	\$116,035	

^{a/}Per Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2012	\$1,127,751
2. Contributions to the Local Prudent Reserve in FY12/13	\$0
3. Distributions from Local Prudent Reserve in FY12/13	\$0
4. Estimated Local Prudent Reserve Balance on June 30, 2013	\$1,127,751